

N15 000007424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 03 2021

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KONA KOVE HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N15000007424

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Threlkeld, Esq.

(Name of Contact Person)

Threlkeld Law, P.A.

(Firm/ Company)

3003 Tamiami Tr. N., Ste. 200

(Address)

Naples, FL 34103

(City/ State and Zip Code)

chris@pminaples.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Ashmore

239

330 - 1718

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL



THRELKELD LAW, P.A.

REAL ESTATE • TITLE INSURANCE • BUSINESS LAW
WILLS • TRUSTS & ESTATES • IMMIGRATION

May 4, 2021

**VIA FEDEX:
RETURN FEDEX:**

**Trk#: 7736 2675 6919
Trk#:7911 5354 7940**

Ms. Diane Cushing
Amended Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: *Kona Kove Homeowners Association, Inc.*
Ref. #: N15000007424**

Dear Ms. Cushing:

Per your letter dated April 28, 2021, please find the correct forms for Articles of Amendment to Articles of Incorporation for a Florida Not For Profit Corporation, along with a copy of your letter.

Please process as soon as possible, we apologize for any inconvenience. I have enclosed a return FedEx label and envelope for your convenience.

If you have any questions, please do not hesitate to call us.

Sincerely,

THRELKELD LAW, P.A.

By: Nicole T. DeGaetano
Paralegal to Joel Threlkeld, Esq.

Encl.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2021

JOEL A THRELKELD, ESQ.
THRELKELD LAW, P.A.
3003 TAMiami TR. N., STE 200
NAPLES, FL 34103

SUBJECT: KONA KOVE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N15000007424

We have received your document for KONA KOVE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$52.52. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 921A00008845

Articles of Amendment
to
Articles of Incorporation
of

KONA KOVE HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N15000007424

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o PMI Naples

1004 Collier Center Way, Suite 105

Naples, FL 34110

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o PMI Naples

1004 Collier Center Way, Suite 105

Naples, FL 34110

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| | | |
|--|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe |
| <input checked="" type="checkbox"/> Remove | V | Mike Jones |
| <input checked="" type="checkbox"/> Add | SV | Sally Smith |

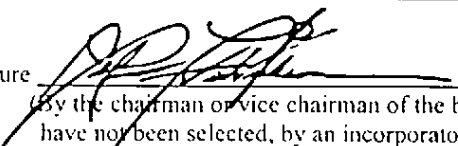
| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|-------------------------|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add | PD | FREDRICKSON, RANDALL L. | 967 4th Ave. N. Naples, FL 34102 |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add | VD | FREDRICKSON, PEGGY A. | 967 4th Ave. N. Naples, FL 34102 |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | STD | FREDRICKSON, LUKE R. | 967 4th Ave. N. Naples, FL 34102 |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | P | MOZARIWSKYJ, MICHAEL D. | 2110 Curtis Street Naples, FL 34112 |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | V | NORMAN, BRIAN J. | 2100 Curtis Street Naples, FL 34112 |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | TS | THORNTON, DANIEL L. | 2140 Curtis Street Naples, FL 34112 |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 05-04-2021 _____

Signature  _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LUKE R. FREDRICKSON

(Typed or printed name of person signing)

Secretary

(Title of person signing)